

Unique ID _____

Acuity Score _____

Date: _____

Case Management HIV Acuity Scale

Life Area	No needs (0 point)	Basic Need (1 points)	Moderate (2 points)	Intensive (3 points)	Comments
Medical Care Expected Medical Outcome: Access to core services					
Linked to HIV medical care	<input type="checkbox"/> Engaged in consistent HIV medical care	<input type="checkbox"/> Completed 50% or more HIV medical appointments in the last six months	<input type="checkbox"/> Has completed less than 50% of HIV medical appointments OR has completed first medical appointment	<input type="checkbox"/> Lost to care, newly diagnosed with no medical care, or no medical care in more than six months	
Linked to Primary medical care	<input type="checkbox"/> Engaged in consistent primary Non-HIV medical care	<input type="checkbox"/> Completed 50% or more non-HIV medical appointments in the last six months	<input type="checkbox"/> Has completed less than 50% of non-HIV medical appointments OR has completed first primary medical appointment	<input type="checkbox"/> Lost to care or no primary medical care in more than six months	
Dental	<input type="checkbox"/> All client dental needs are met	<input type="checkbox"/> Client engages in dental care at least 1x year and 75% dental needs met.	<input type="checkbox"/> Client has not been engaged in dental care for more than 1 year	<input type="checkbox"/> Emergency dental services required	
Mental Illness	<input type="checkbox"/> No reported Mental Illness	<input type="checkbox"/> Reported mental illness, but engaged in mental health treatment	<input type="checkbox"/> Mental Illness or potential mental illness and not engaged in MH	<input type="checkbox"/> Crisis	
Substance Abuse	<input type="checkbox"/> No reported substance abuse/use	<input type="checkbox"/> Substance abuse/use reported, but completed treatment and/or self-reported clean	<input type="checkbox"/> Substance abuse/us reported, but engaged in treatment	<input type="checkbox"/> Reported/suspected substance abuse – no treatment	

Life Area	No needs (0 point)	Basic Need (1 points)	Moderate (2 points)	Intensive (3 points)	Comments
End of Life Care	<input type="checkbox"/> N/A, not required	<input type="checkbox"/> Engaged in nursing home and/or hospice	<input type="checkbox"/> Not engaged in nursing home/hospice – 1 year to 6 month life expectancy	<input type="checkbox"/> Crisis – death imminent within 6 months	
Physical Environment			Expected Medical Outcomes: Access to support services		
Housing	<input type="checkbox"/> Client owns/rents: no financial assistance needed	<input type="checkbox"/> Client owns/rents: needs financial assistance	<input type="checkbox"/> Client in temporary housing (transitional, family, friends)	<input type="checkbox"/> Homeless, shelter	
Utilities	<input type="checkbox"/> Requires no financial assistance	<input type="checkbox"/> Utilities in Jeopardy of disconnection	<input type="checkbox"/> One utility disconnected or in imminent danger of being disconnected	<input type="checkbox"/> More than one utility disconnected	
Food	<input type="checkbox"/> Client is eating at least two meals daily.	<input type="checkbox"/> Client is able to eat at least two meals daily 75% or more.	<input type="checkbox"/> Client at risk of being malnourished	<input type="checkbox"/> Client is malnourished	
Nutritional Supplements	<input type="checkbox"/> No nutritional needs	<input type="checkbox"/> Client is at risk for being underweight	<input type="checkbox"/> Acute need (surgery, discharge, underweight)	<input type="checkbox"/> Wasting – supplements needed for more than 3 months	
Transportation	<input type="checkbox"/> Client has own transportation	<input type="checkbox"/> Client utilizes public transportation (only)	<input type="checkbox"/> Client unable to access public transportation	<input type="checkbox"/> Client unable to access public transportation and CVHCC transportation	

Life Area	No needs (0 point)	Basic Need (1 points)	Moderate (2 points)	Intensive (3 points)	Comments
Support System	<input type="checkbox"/> Client reports no support needs	<input type="checkbox"/> Mostly stable, but requests additional support (support group)	<input type="checkbox"/> Inconsistent support (family out of town, limited friends)	<input type="checkbox"/> No support – in crisis or in jeopardy of crisis	
Domestic Violence	<input type="checkbox"/> No reported domestic violence	<input type="checkbox"/> History of domestic violence occurred more than 1 year ago.	<input type="checkbox"/> Domestic violence reported within last year	<input type="checkbox"/> Active domestic violence – life threatening situation	
Family Environment			Expected Medical Outcome: Knowledge of HIV/ Health Status		
Cognitive/Developmental Disability	<input type="checkbox"/> No Impairment	<input type="checkbox"/> Mild impairment	<input type="checkbox"/> Moderate with or without guardian	<input type="checkbox"/> Severe with or without guardian	
Language	<input type="checkbox"/> Excellent	<input type="checkbox"/> Bilingual or reading comprehension about 9 th grade level	<input type="checkbox"/> No English, but has own translator OR reading level below 9 th grade level	<input type="checkbox"/> No or little English with no translator OR illiterate	
Activities of Daily Living	<input type="checkbox"/> Client is independent	<input type="checkbox"/> Home health and/or skilled nursing less than four hours per day	<input type="checkbox"/> Home health and/or skilled nursing needed more than four hours per day	<input type="checkbox"/> Requires 12-24 hours of Home Health and/or skilled nursing care per day	
Dependents (children/adults)	<input type="checkbox"/> No dependents in residence	<input type="checkbox"/> 1-2 dependents in residence	<input type="checkbox"/> 3 or more dependents in residence OR has dependent with special needs	<input type="checkbox"/> dependents in residence in physical harm	

Life Area	No needs (0 point)	Basic Need (1 points)	Moderate (2 points)	Intensive (3 points)	
Medical and Medication Assistance					
Expected Medical Outcome: Adherence to Medication					
Prescriptions HIV	<input type="checkbox"/> Receiving HIV medications on a regular basis (non-ADAP) OR N/A	<input type="checkbox"/> Receiving medications through ADAP consistently	<input type="checkbox"/> Receiving HIV medications through Emergency Patient Medication Fund	<input type="checkbox"/> No Access to HIV Medications	
Prescriptions non-HIV	<input type="checkbox"/> Receiving Non-HIV medications regularly (non VCC) OR N/A	<input type="checkbox"/> Receiving all non-HIV medications under VCC or other social service prescription assistance	<input type="checkbox"/> Unable to obtain non-HIV medications because of inability to make co-payments/payment	<input type="checkbox"/> No Access to Non-HIV Medications	
Medical and Medication Assistance					
Expected Medical Outcome: Access to 3rd party Insurance					
Medicaid/ Medicare or Private Insurance	<input type="checkbox"/> Fully utilizes 3 rd party payment without assistance from case manager	<input type="checkbox"/> Has 3 rd party source but needs assistance with co-payments and other costs	<input type="checkbox"/> Application in process. No final determination	<input type="checkbox"/> Has not accessed 3 rd party payer despite possible eligibility or Not eligible for coverage	

Client Signature _____

Case Manager _____

ACUITY SCALE TOTAL POINTS: _____

ACUITY STAGE: _____

Date: _____